

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

091751331 -
APPLICANT(S)

FILING DATE
12-29-00

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10	1			
11		1		
12		1		
13		1		
14		1		
15		1		
16		1		
17		1		
18		1		
19	1			
20				
21		1		
22		1		
23		1		
24		1		
25		1		
26				
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43				
44				
45				
46				
47				
48				
49				
50				
TOTAL IND.	2			
TOTAL DEP.	22			
TOTAL CLAIMS	24			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51			52			53		
54			55			56		
57			58			59		
60			61			62		
63			64			65		
66			67			68		
69			70			71		
72			73			74		
75			76			77		
78			79			80		
81			82			83		
84			85			86		
87			88			89		
90			91			92		
93			94			95		
96			97			98		
99			100					
TOTAL IND.								
TOTAL DEP.								
TOTAL								

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